



2014  
2017

# ▶ STRATEGIC PLAN ◀



First Nations of Quebec and Labrador  
Health and Social Services Commission

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The use of the masculine gender in this document is intended to simplify the text, and is without prejudice against women.

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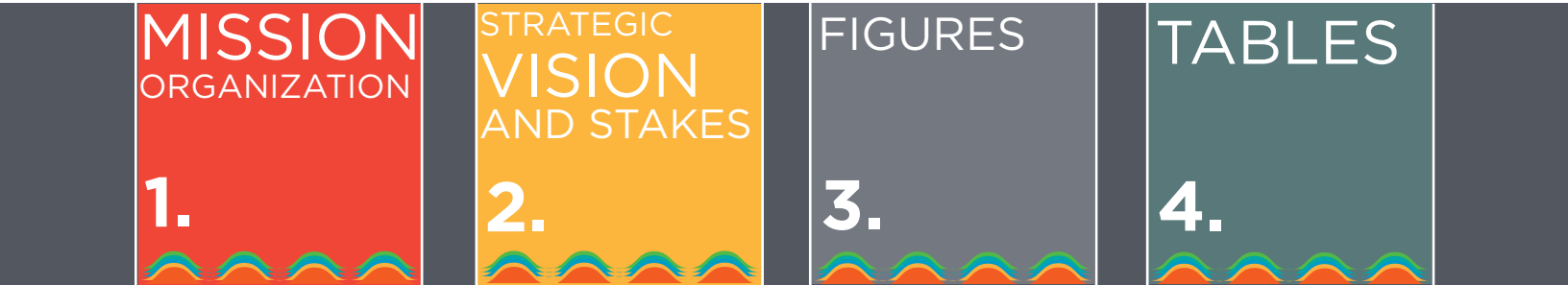
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## MESSAGE FROM MALIK KISTABISH PRESIDENT OF THE BOARD OF DIRECTORS

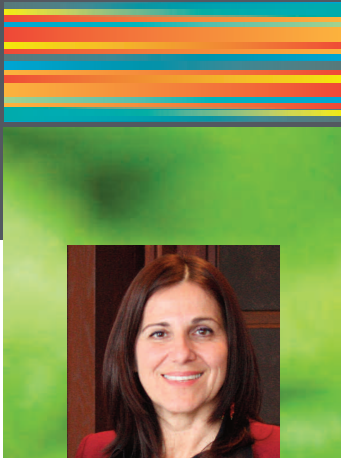
On behalf of the Board of Directors, I am very pleased to present the Strategic Plan of the First Nations of Quebec and Labrador Health and Social Services Commission for the years 2014 to 2017.

The result of a joint reflection of the directors, with the support of the organization's managers and employees, this plan was produced in an evolving and promising context for the First Nations in Quebec.

The stakes and orientations outlined in the plan flow from the two strategic plans that preceded it and enable the FNQLHSSC to orient its activities within the comprehensive framework set out in the *Blueprint - Quebec First Nations Health and Social Services 2007-2017*.

Since its creation in 1994 by the Assembly of Chiefs of the First Nations of Quebec and Labrador, the FNQLHSSC has worked to provide effective support to First Nations communities and organizations to assist them in developing their capacity to deliver health and social services to their populations. The FNQLHSSC has pursued its mission of defending the interests of the First Nations in their relations with the governments of Canada and Quebec, while remaining attentive to its clientele in order to help implement a mode of health and social services governance that is adapted to their determination to be autonomous.

The 2014-2017 Strategic Plan is an expression of the FNQLHSSC's commitment to continue its efforts to ensure that the system of health and social services for the First Nations meets the basic needs of First Nations citizens.



## MESSAGE FROM MARJOLAINE SIOÛI EXECUTIVE DIRECTOR

On behalf of the FNQLHSSC's entire team, I am pleased to present to you the third edition of our strategic plan.

While reading this document, you will notice that this issue ends the cycle of planning in relation to the objectives pursued by the *Blueprint – Quebec First Nations Health and Social Services 2007-2017 – Closing the gaps ... Accelerating change*. Over the course of the next three years, the emphasis will be placed on strengthening governance in the area of health and social services and improving access to services, while contributing to the implementation of strategies aiming to improve the socio-economic situation of the populations.

We must also evaluate the results of the mandates that have been carried out since 2007 and initiate, all of us together, a reflection regarding the need to draft the next blueprint. To support us in this reflective process, we will have more data including the results of the population-based surveys that were conducted among the communities. We will also be able to demonstrate the effects that the social determinants have on the health of our populations and increase awareness among our partners regarding this reality.

In closing, I would like to thank the community workers and leaders, the FNQLHSSC's member communities and organizations as well as the members of the Board of Directors and the employees of the FNQLHSSC for their collaboration and for having identified so effectively the needs that led to the definition of this strategic plan's objectives. Your dedication and determination reflect the values that are important to you!

We are certain that the activities that will result from this strategic plan will be adapted and representative of the diversity of our nations. Rest assured that all the necessary efforts will be made in order to ensure that they are deployed.

## LIST OF ACRONYMS

AANDC:	Aboriginal Affairs and Northern Development Canada
AFN:	Assembly of First Nations
AFNQL:	Assembly of First Nations of Quebec and Labrador
FNEC:	First Nations Education Council
FNHRDCQ:	First Nations Human Resources Development Commission of Quebec
FNI:	First Nations and Inuit
FNIHB:	First Nations and Inuit Health Branch
FNQLEDC:	First Nations of Quebec and Labrador Economic Development Commission
FNQLHSSC:	First Nations of Quebec and Labrador Health and Social Services Commission
FNQLSDI:	First Nations of Quebec and Labrador Sustainable Development Institute
FNREEES:	First Nations Regional Early Childhood, Education and Employment Survey
INSPQ:	Institut national de santé publique du Québec
MESS:	Ministère de l'Emploi et de la Solidarité sociale
MF:	Ministère de la Famille
MSSS:	Ministère de la Santé et des Services sociaux
NGO:	Non-Governmental Organization
NNADAP:	National Native Alcohol and Drug Abuse Program
NCCAH:	National Collaborating Centre for Aboriginal Health
QNW:	Quebec Native Women
RCAAQ:	Regroupement des centres d'amitié autochtones du Québec
RCO:	Regional Commissions and Organizations
RHS:	Regional Health Survey
SAA:	Secrétariat aux affaires autochtones



# INTRODUCTION

The 2014-2017 Strategic Plan of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) defines the broad orientations and objectives that it will pursue during this period. The orientations and activities are designed in respect of the framework set out in the *Blueprint - Quebec First Nations Health and Social Services 2007-2017*.

The FNQLHSSC must take into account emerging needs that are expressed, particularly through the mandates entrusted to it by the Assembly of Chiefs of the First Nations of Quebec and Labrador or by the members of the Annual General Assembly. It must also consider the findings that arise in the context of the activities and projects it carries out in partnership with First Nations communities and organizations and with its partners. Finally, it must ensure alignment between the orientations of its strategic plan and those of its partners concerning local action plans or those resulting from government legislation or policies.

The FNQLHSSC 2014-2017 Strategic Plan is divided into two chapters. The first presents the FNQLHSSC's mission, organization, its role among the First Nations as well as the relationships it maintains with its institutional partners and the governments of Canada and Quebec. The second chapter reports on the current situation of the First Nations in Quebec and presents the strategies that have been designed to contribute to its improvement. The stakes, orientations, intervention focus areas and objectives that the organization intends to pursue over the next three years are also defined in this chapter.





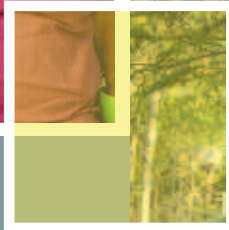
# MISSION AND ORGANIZATION

## 1.1

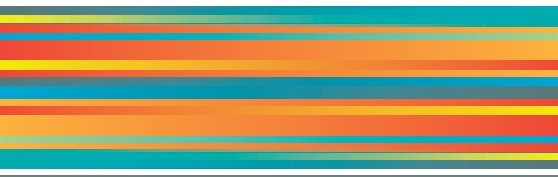
### THE FNQLHSSC'S MISSION

Founded in 1994 by a resolution of the Assembly of First Nations of Quebec and Labrador (AFNQL), the FNQLHSSC is a non-profit organization whose mission is to promote and monitor the physical, mental, emotional and spiritual well-being of First Nations and Inuit people, families and communities. It promotes access to comprehensive health programs and social services that meet the basic needs of the First Nations and Inuit while respecting their cultural identity.

The FNQLHSSC also assists communities that so desire, to set up, develop and promote services that are designed by the First Nations. It also plays a role as a technical advisor to the AFNQL in matters related to health and social services.



PROMOTING  
RESPECT



# 1.2

## THE FNQLHSSC'S GOVERNANCE

In terms of governance, the FNQLHSSC ensures that the First Nations freely exercise their inherent rights to control the delivery of health and social services by promoting the collection and exchange of information on all aspects related to the development initiatives included in its service offer. The FNQLHSSC studies, promotes, protects and develops in every respect the material, cultural and social interests of the communities and organizations it serves. Upon their request, it provides support for research, evaluation, development and promotion of service systems and models of community health and social services.

The FNQLHSSC is governed by a Board of Directors comprised of seven members, elected for a two-year term at the Annual General Assembly. The Board of Directors exercises its authority and acts under powers conferred to it by the Charter, and may delegate some of its powers to the executive or the executive director who is responsible for ensuring the achievement of objectives and day-to-day management of the organization.



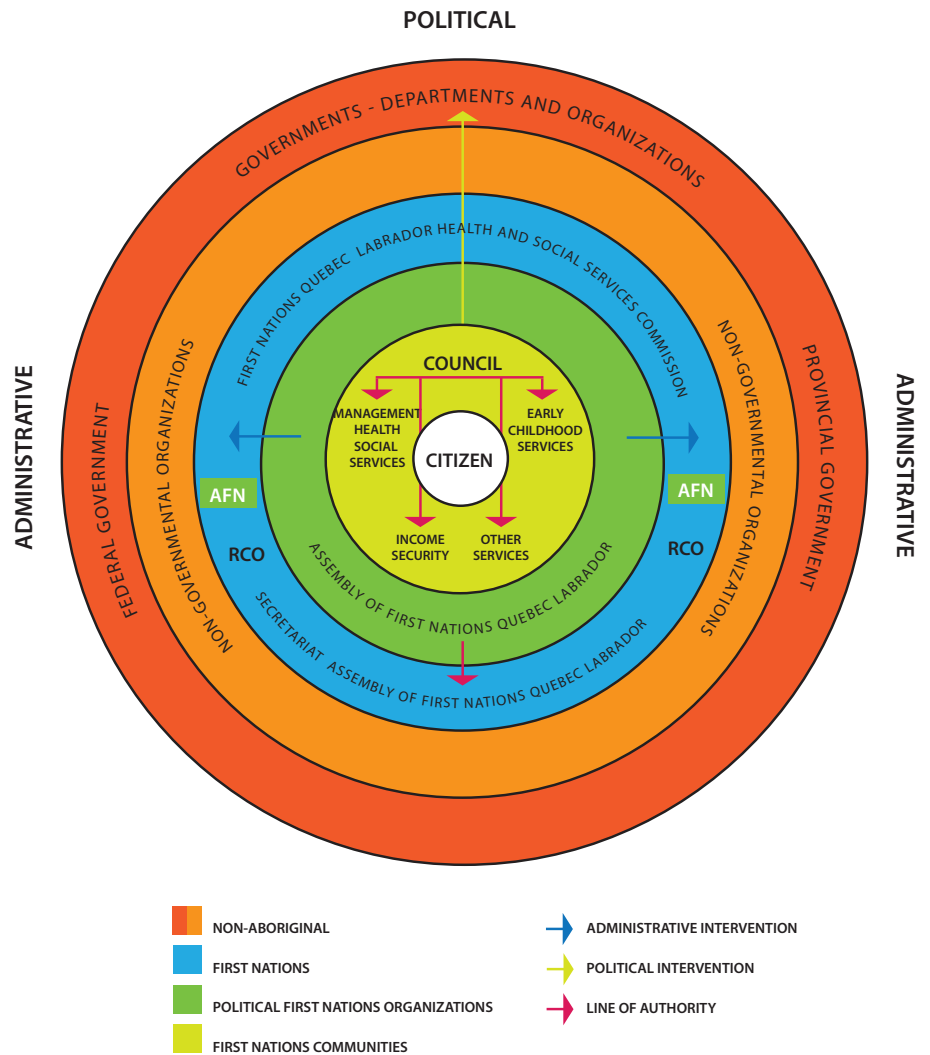
SUPPORT  
DEVELOP

# 1.3 THE FNQLHSSC, ITS PARTNERS AND ITS CLIENTELE

In order to serve First Nations communities and organizations, the FNQLHSSC operates at the centre of a network of organizations operating in different spheres, as illustrated in Figure 1.

**Figure 1**  
Relationships between actors involved in the delivery of health and social services and access to these services.

The three circles at the centre correspond to the political and administrative organizations of the First Nations. The two circles around them correspond to other organizations, such as non-governmental organizations (NGOs) and government departments and agencies created under federal legislation or laws of Quebec.





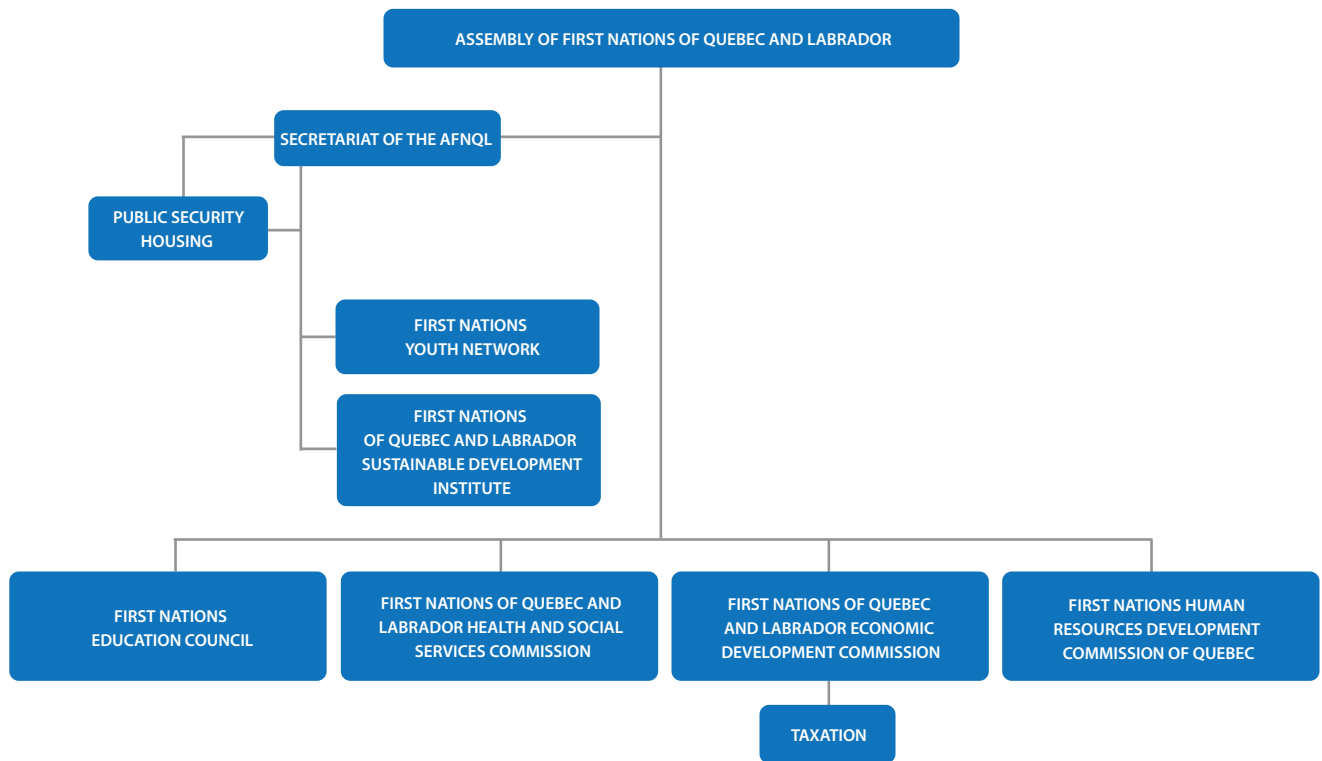
## ENVIRONMENT IN WHICH THE FNQLHSSC DEVELOPS

The AFNQL was created in May 1985 and serves as the ongoing meeting place for the Chiefs of the First Nations communities in Quebec and Labrador. Since 1992, the Chiefs' Assembly has included Quebec Native Women (QNW), the *Regroupement des centres d'amitié autochtones du Québec* (RCAAQ) and the Youth Network among its participants. The AFNQL holds, on average, four assemblies each year to receive its various political mandates.<sup>1</sup>

**Figure 2**

Regional commissions and organizations of the AFNQL.

The chiefs take common positions and adopt, through motions or resolutions, the mandates they may confer to regional commissions and organizations (RCO), such as the FNQLHSSC.



1. Some topics may be discussed at the request of the Innu Chiefs of Labrador.



## THE FNQLHSSC AND THE COMMUNITIES

The Regional Chief presents and defends the decisions of the AFNQL before the Assembly of First Nations (AFN), ministries, government agencies and various governmental and non-governmental organizations.

The FNQLHSSC, for its part, supports the communities and organizations in areas related to health, social services, early childhood, social development, research and information resources. The activities it undertakes are determined by the annual priorities and mandates entrusted to it.

The relationships are derived primarily from the needs expressed by the band council on behalf of the people it represents (centre of Figure 1) towards external organizations (shown on the periphery). These relationships are mainly political and administrative. Between the community and non-Aboriginal organizations, a number of First Nations and Inuit (FNI) administrative organizations work to defend the interests of the First Nations and provide technical support and advice to communities and organizations that require it. In some cases, the RCOs also represent the interests of the First Nations by acting as a liaison or intermediary with NGOs or government agencies.

The people of each community confer to the band council the mandate to direct the affairs of the community and to defend their interests in order to create and maintain an environment conducive to the community's physical, mental, emotional and spiritual well-being. The band council exercises its powers in a variety of ways, including through its administrative management of the organizations providing health services, social services, education, public safety, early childhood services, income security and economic development, who are the main clients and partners of the FNQLHSSC. The FNQLHSSC offers them, when needed, technical support and expertise in relation to the implementation of a large number of local or government projects, programs and initiatives and supports them in the delegation and transfer of expertise and governmental responsibility for health and social services, always with a view to strengthening local governance.



## INSTITUTIONAL MEMBERS OF THE FNQLHSSC

As provided for in its Charter, the FNQLHSSC maintains relationships with the following organizations: the QNW, the National Native Alcohol and Drug Abuse Program (NNADAP) treatment centres and the RCAAQ, which are represented at the FNQLHSSC's Annual General Assembly. The collaboration between these organizations and the FNQLHSSC takes various forms, depending on the orientations and goals of ongoing activities.

## THE FNQLHSSC, GOVERNMENTS AND OTHER ORGANIZATIONS

The main government partners of the FNQLHSSC at the federal level are Health Canada - First Nations and Inuit Health Branch (FNIHB) and the FNIHB Quebec Region, Aboriginal Affairs and Northern Development Canada (AANDC) and Service Canada. Funding for a large part of the activities that the FNQLHSSC offers to communities and organizations is provided by these organizations.

The *ministère de la Santé et des Services sociaux* (MSSS) is the FNQLHSSC's main partner from the government of Quebec. It contributes to the core funding of a number of FNQLHSSC activities. Other Quebec organizations, such as the *ministère de l'Emploi et de la Solidarité sociale* (MESS), the *ministère de la Famille* (MF), the *Institut de santé publique du Québec* (INSPQ) and the *Secrétariat aux affaires autochtones* (SAA) are also partners and collaborators of the FNQLHSSC.

The FNQLHSSC is actively creating new partnerships with research centres, hospitals, university departments and community organizations to develop and promote the transfer of expertise and knowledge to interveners.

# SERVICING COMMUNITIES AND ORGANIZATIONS

# 2.

## STRATEGIC VISION AND STAKES

### 2.1 BACKGROUND

The most recent data on the health status of the First Nations<sup>2</sup> show that there is still a significant gap compared to the rest of Quebec society. According to these results, the rate of people with diabetes reached 13% in 2002 and rose to nearly 18% in 2008 (almost three times higher than that of the Quebec population). In addition, obesity is more prevalent among Quebec First Nations, with a rate of 41% in 2008, up from 33% in 2002. Heart disease is slightly less prevalent among First Nations than in the Quebec population (4.5% compared to 5.5%), while the rate of hypertension remains higher among First Nations than in Quebec (22.9% vs. 14.5%). Data on smoking show that the situation appears to be stabilizing with the same rate of 55% for First Nations in 2002 and 2008, in addition to a significant downward trend among people 15-17 years old (53% in 2008 down from 70% in 2002).



2. Unless otherwise specified, the statistical data provided in this document are from the 2008 Regional Health Survey: FNQLHSSC, First Nations Regional Health Survey – 2008, Wendake, 2013; online, FNQLHSSC: <http://www.cssspnql.com/en/areas-of-intervention/research-sector/population-surveys/regional-health-survey>



For a majority of adults (84%), the collective well-being of First Nations is largely undermined by problems related to alcohol and drug abuse. Excessive alcohol consumption is two times higher among the First Nations than for the Quebec population, while the daily consumption of cannabis and cocaine is on the rise among teenagers from 12-17 years old (from 24% in 2002 to 34% in 2008 for cannabis and from 0% in 2002 to 11% in 2008 for cocaine). Concomitant mental health and addiction problems affect many people. Other serious problems add to the mix and are also obstacles to the collective well-being. Included among these are limited employment opportunities, inadequate supply of housing and its poor condition, the under-funding of education and the poverty that persists in many communities.

In light of these observations, it is fair to wonder to what extent they reflect the negative impact that colonialist government policies have had on the social fabric and well-being of communities. From the loss of their territory, which was at the same time their economic activity base and an essential marker of identity, to the repeated attempts of assimilation up to and including forcing generations of children to be sent away to residential schools, the First Nations have been confronted with a system that worked against them. Today, many are faced with complex social issues. They must struggle against the lack of jobs, poor prospects for the future and the idleness that these lead to among youth and adults of working age. As in other disadvantaged social milieu, this context is not conducive to the adoption of healthy lifestyles or food security. There is rather an intergenerational breakdown, an increase in single parent families and a loss of confidence of parents in their parenting skills.

As revealed in the *Blueprint - Quebec First Nations Health and Social Services 2007-2017*, disparities still exist between the health status of First Nations and Canadians. For this reason, the 2007-2017 Blueprint focuses the actions of communities and local and regional organizations on two strategic objectives:

- > Progressively reduce disparities between First Nations and other Canadians in terms of collective health and well-being.
- > Initiate a structural change in perspectives and approaches to governance in the delivery of health care and social services to First Nations.

Reducing disparities between the health and social well-being of the First Nations and that of the general public depends heavily on making changes to governance structures to promote greater autonomy of the First Nations, who must play a leading role in the design, initiation, implementation and evaluation of health services, social services and other services in their communities. To do this, they must also command additional financial resources to cover the recurrent costs of these services as well as the expenses necessary to improve the organization and to make the necessary upgrades in terms of expertise, equipment and facilities.

Moreover, the desired structural changes should also enable the First Nations to act on other determinants, including creating jobs, improving education and professional development, the fight against poverty, improved housing, healthy lifestyles and the promotion of cultural and sporting activities.

# SUPPORTING THE COMMUNITIES AND ORGANIZATIONS

2.2



STRATEGIC VISION



In this context, the role of the FNQLHSSC is to support and advise First Nations communities and organizations to enable them to make effective contributions towards improving the health of their populations, while responding to needs that are constantly evolving. This means that the FNQLHSSC must be actively involved with all its partners in the definition and implementation of structural changes in modes of governance. Over the next three years, the actions of the FNQLHSSC will be guided by the strategic vision elaborated by its Board of Directors.

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**We aim to improve the health and well-being of the populations of Quebec First Nations through the establishment of sustainable partnerships while supporting the implementation of governance models that are culturally-adapted.**

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To effectively support the achievement of the 2007-2017 Blueprint, the FNQLHSSC has identified three stakes that have guided its actions since the creation of its first strategic plan in 2008. These stakes, the formulations of which have changed slightly to meet the gradual evolution of the context, still remain a central concern of the organization and will continue to guide its actions over the next three years.



## 2.3 THE STAKES

The first stake is to improve the health and well-being of the populations; the second is to improve the socio-economic situation of the populations; and the third focuses on strengthening First Nations governance.

### 2.3.1 FIRST STAKE: Improving the health and well-being of the populations



Improving the health and well-being of the populations is central to the FNQLHSSC's mission. It is an inescapable priority to make access to services more equitable by using various strategies, most notably telehealth, to reach a greater percentage of the total clientele, including those requiring specialized services. Over time, gaps in the continuum of care and services have appeared, particularly as a result of staff turnover and the shortage of skilled resources in the communities. It is important for First Nations communities and organizations to enter into collaborative agreements with the Quebec health network to increase the number of visiting professionals available on a part-time basis in the communities until new resources can be recruited. Efforts should also be made to improve access to care and services outside the communities. Issues related to the lack of clarity about the division of responsibilities between federal and provincial authorities towards First Nations in Quebec persist and significantly impede the provision of a true continuum of services.

Finally, there is a need to increase efforts to educate the First Nations about the services, policies and the processes of accessing health care and services and social services. Added to this is the need to educate and train health and social services professionals in the Quebec network about First Nations culture and realities. In addition, new legal requirements governing professional practice present new obstacles to the organization of services in communities. This represents a significant challenge, even if a number of actions have already been accelerated to develop adapted training programs and promote careers in the field of health and social services.

Language is often a major obstacle to equitable access to care and services. For historical reasons, many First Nations use, in addition to their mother tongues, English as a second language. Most people cannot receive full service in English when they visit the health network institutions in their region. This phenomenon is not limited to border regions



# IMPROVING THE QUALITY OF LIFE

(Ontario, New Brunswick, etc.), affecting a number of communities across Quebec. With health care needs rising due to the aging of the population, it is likely that the English-speaking population will be further deprived of the services to which they are entitled if concrete actions are not rapidly taken to soften the language regulations governing professionals practicing in Quebec communities.

It becomes possible to create conditions conducive to individual and collective well-being when one is able to address the physical, mental, emotional and spiritual dimensions. For the First Nations, it is difficult to envisage such an intervention without adopting a holistic approach that is respectful of the culture and traditional values. To counter the negative effects of colonialism on First Nations families, it is necessary to present models of relational systems that are inspired by tradition and that integrate the teachings of elders.

To promote the holistic development of children, the FNQLHSSC works together with its partners and interveners to implement preventive measures, such as the adoption of healthy lifestyles. It also works to reduce the isolation of single-parent families by implementing activities that support the development of parenting skills, including activities that promote the importance of fathers' involvement in their families and that strengthen parenting roles.

The quality of services and access to them also depend on improving existing infrastructure and the integration of new technologies. Here infrastructure not only means technological equipment, such as computer networks, but also information management systems, medical equipment, buildings and other physical infrastructure, including housing and facilities for professionals and visiting workers. It is necessary to upgrade all these types of infrastructure to meet current standards in Quebec and to work together with all partners to ensure their maintenance and sustainability.



## IMPROVING THE SOCIO-ECONOMIC SITUATION

### 2.3.2

#### SECOND STAKE:

Improving the socio-economic situation of the populations

In accordance with the holistic approach advocated by the First Nations, the health and well-being of individuals cannot be improved in a sustainable way without acting upstream on the social determinants of health. However, many of these determinants require corrective actions that go beyond the immediate health or social problems to reach the socio-economic factors that influence them. According to the RHS, the employment rate in the communities was particularly low in 2002, with only 49% of adults employed. Statistics for 2008 show a gradual deterioration in the situation with an employment rate of 45%. At the same time, the percentage of households with low income (less than \$20,000 annually) increased, reaching more than 34% in 2008, compared to 25% in 2002. This reality is reflected by the increase in the percentage of beneficiaries of income assistance, which rose from 24% in 2002 to 32% in 2008. According to the RHS 2008, over 75% of adults believe that employment opportunities have not improved or have worsened during the year.

Moreover, chronic government underfunding of public facilities and housing results in severe housing shortages and inadequate public facilities in many communities. This has as a consequence not only overcrowding, but also widespread deterioration of the housing stock in the communities. According to the RHS 2008, more than one in four people live in homes needing major repairs, and few resources are currently available to solve this problem in the short or medium term.

The prevailing socio-economic context includes a number of factors that generate poverty. One factor, in addition to those already mentioned, is the persistent low level of education. In 2002, almost half of all adults (49%) did not possess a high school diploma, and in 2008, this percentage increased to over 52%. Another factor, no doubt the result of the difficult economic conditions, inadequate education and overcrowding that characterizes communities, is homelessness, which is becoming more prevalent among the First Nations, and not only in large cities, but also in the communities themselves. Poverty limits the future prospects of people and generates long-term physical and psychological health problems for those who are confronted with it from the time they are children.<sup>3</sup>

3. See in particular: World Health Organization, Commission on Social Determinants of Health (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*, Executive Summary of the Final Report, Geneva, WHO. Ministère de la Santé et des Services sociaux and Institut national de santé publique du Québec (2007). *Riche de tous nos enfants : Troisième rapport national sur l'état de santé de la population du Québec*, Québec, MSSS and INSPQ.

# STRENGTHENING FIRST NATIONS GOVERNANCE

To improve the socioeconomic status of the people, the FNQLHSSC proposes to act on a number of socio-economic factors, such as the fight against poverty, income security, professional integration and promotion of social development. These actions will be carried out through targeted initiatives that are characterized by their structural and lasting effects, in consultation with communities and regional organizations. In order to achieve these objectives, the FNQLHSSC will continue to prioritize the development of local strategies to combat poverty and social exclusion and to promote the development of economic levers through financial partnerships with both the federal and provincial governments as well as with social economy enterprises.

This strategy has the potential of increasing the interest of individuals and enhancing their capacity to undertake initiatives for social development that meet the communities' needs, in addition to improving employment opportunities in communities by strengthening the continuum of services.

The recognition of, promotion of, and respect for the cultural identity of the First Nations must be taken into account when developing governmental policies and plans of action. All subsequent actions must respect these values and support local initiatives to educate and inform external actors, while constantly working to reduce prejudice.



## 2.3.3 THIRD STAKE: Strengthening First Nations governance

It is generally understood that health depends not only on a person's physical condition, but also on the social, economic and political environment in which he or she lives. Disparities in these areas of life underlie many of the inequities in health that exist between First Nations and non-Aboriginals (National Collaborating Centre for Aboriginal Health).

The establishment of a governance in which all sectors assume responsibility is essential in order to fight against the root causes of inequities in health.<sup>4</sup> In fact, it is recognized that governance has always been considered an important social determinant. As indicated by the data from the RHS 2008, the health and well-being of the First Nations in Quebec are far below that of all Quebecers and Canadians. This gap continues to widen, and there is good reason to wonder in what ways the current model of governance of the health and social services system serving the First Nations in Quebec contribute to this situation.

4. *Closing the gap: Policy into practice on social determinants of health* – discussion paper produced by the World Health Organization, October 2011.



# ADDRESSING PRIORITY NEEDS

Since the adoption by the federal government of the 1979 Indian Health Policy and the Indian Health Transfer Policy ten years later, a process of devolution of powers began in favour of the communities. However, this process has reached its limits and the current governance structure does not address the significant gaps that persist between community services funded by the federal government and those offered outside the communities. Despite the presence of a degree of flexibility, the administration of federal programs is still too centralized.

The 2007-2017 Blueprint develops a perspective of governance as the first intervention focus area in the following terms: "Foster self-directed action and the broadening of First Nations jurisdictions." In recent decades, many communities and nations throughout the country have mobilized and concluded agreements and modern treaties with both federal and provincial governments. This includes, among others, the James Bay and Northern Quebec Agreement, the Nisga'a Treaty and the First Nations Health Authority in British Columbia. These agreements allow communities to exercise greater authority over health care services, and increased autonomy in decision making and in the organization and management of services. The current environment seems conducive to the emergence in Canada of new modes of governance in health and social services that are better adapted and more respectful of the desire of communities to strengthen their local autonomy.

To support the interests expressed by communities and organizations within the framework of the Blueprint, the FNQLHSSC proposes an orientation whose objectives are the establishment of levers that promote the autonomy of the First Nations. To this end, the FNQLHSSC will continue to coordinate the governance project in health and social services and to produce studies and analyses that lead to the development of governance models in collaboration with all its partners.

Moreover, the difficulties faced by community managers of health and social services in recruiting and retaining their workforce remain a concern. To ensure the genuine autonomy of their health and social services, the First Nations need to develop a skilled workforce from within their own population that is able to permanently perform the full range of functions that modern and effective services require. The FNQLHSSC intends to support the development of human capital in its areas of activity by promoting increased participation of First Nations in continuing education programs and training at the post-secondary level. Partnership agreements have already been concluded with the Quebec Faculties of Medicine to train First Nations and Inuit doctors, and this practice could be extended to other disciplines. It is necessary to draw upon the expertise of professionals in the Quebec network by developing mechanisms for the transfer of knowledge to interveners working in the communities.



Effective governance is based primarily on an adequate knowledge of the facts and reality on which we must act. The importance of having quality data and access to it remains a priority. It is essential that the First Nations have the necessary means to obtain the data concerning them and to develop, both at the local and regional level, their ability to understand, analyze and use it. The appropriation of this data also contributes to the ability to formulate demands for required changes to the organization of services for the First Nations from both levels of government.

To this end, efforts continue to support the *Common surveillance plan of health status and its determinants among First Nations of Quebec*.<sup>5</sup> This plan allows First Nations and interveners to access relevant data held by the Canadian and Quebec governments, and through the use of indicators, to analyze and assess on an ongoing basis, the general state of health and its determinants. By combining the surveillance plan with data from RHS 2008 and the First Nations Regional Early Childhood, Education and Employment Survey (FNREEES) launched in 2013, the First Nations in Quebec are in the process of generating a more accurate and representative picture of their situation.

The FNQLHSSC is committed to taking the necessary steps to adapt to its environment and the clientele it serves. It plans to improve its internal management structure by developing administrative policies and processes to better manage its personnel, and to thus offer a stimulating work environment supportive of their development, while enabling them to strengthen their skills, their capacity to manage and plan as well as their political acumen. To do this, the human resource development plan will be enhanced and a code of ethics will be developed and implemented. The main objective of this approach is to effectively support communities in respect of their culture and in response to their demands, in accordance with the organization's mission.

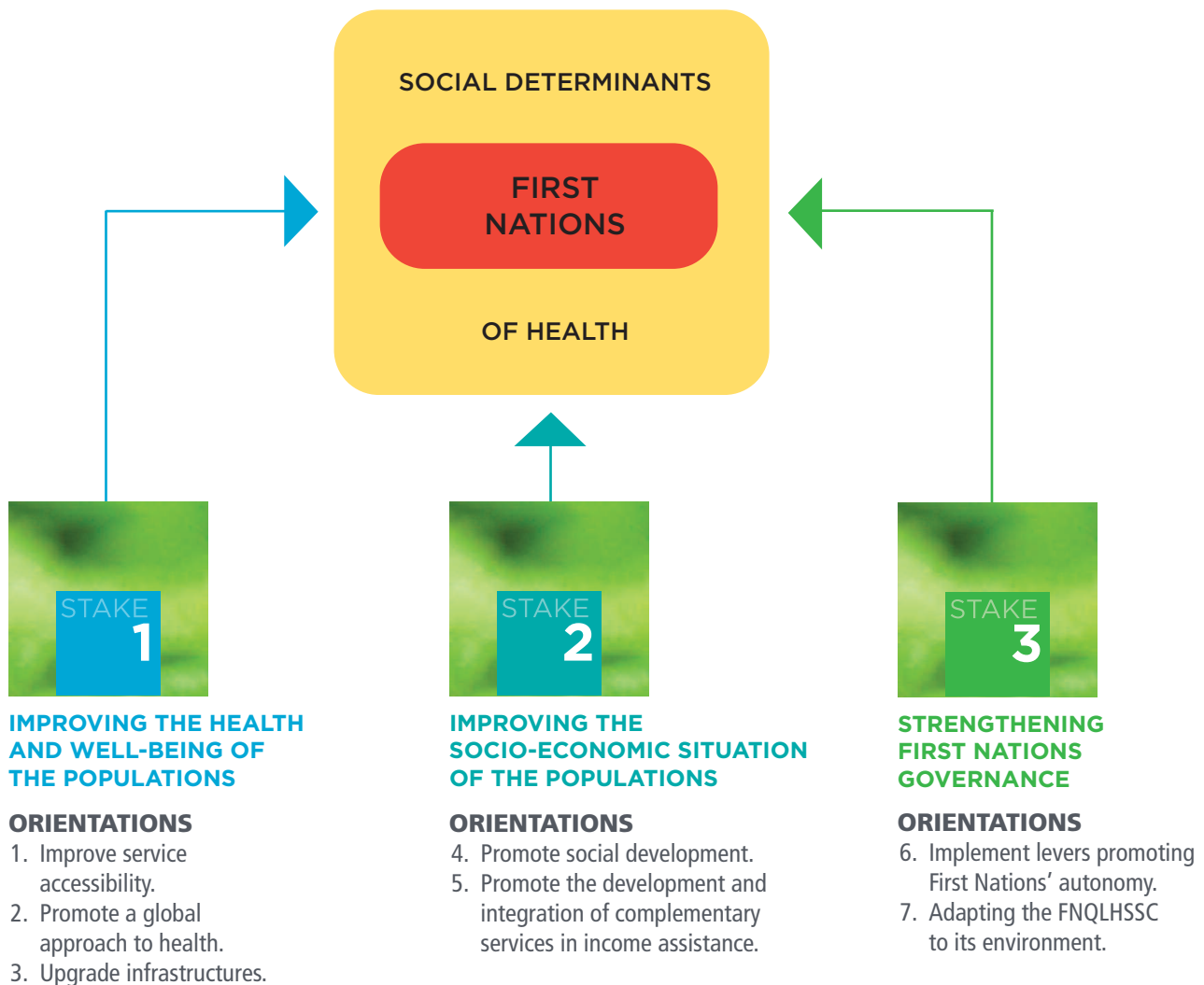
While respecting the limits of its mandate, most often through multi-sectoral interventions with the support of its partners and in consultation with the interveners working in the field, the FNQLHSSC orients its actions to impact on the social determinants of health that are specific to the First Nations.

5. *The Common surveillance plan of health status and its determinants among First Nations of Quebec* is an initiative of First Nations which is not covered under the Act, the Quebec Public Health.

### Figure 3

Stakes, orientations and social determinants of health.

The following diagram illustrates the stakes and orientations set by the FNQLHSSC to act on the determinants and their underlying dynamics.



**1 IMPROVE SERVICE ACCESSIBILITY.**

**1.1 INTERVENTION FOCUS AREA IMPLEMENTATION OF MEANS THAT FACILITATE ACCESS TO SERVICES.**

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<p><b>1. Inform the clientele about existing services.</b></p>	<ul style="list-style-type: none"> <li>• The FNQLHSSC will transmit information about programs and services useful to each of the involved communities and organizations.</li> <li>• First Nations communities and organizations will have tools that facilitate access to services.</li> <li>• 100% of the communities and organizations that request information and/or support will be informed and/or supported.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of information activities.</li> <li>• Number of tools made accessible.</li> <li>• Percentage of requests for support processed by the FNQLHSSC.</li> <li>• Percentage of communities informed and/or supported.</li> <li>• Satisfaction rate of communities and organizations.</li> </ul>
<p><b>2. Promote and support the development, implementation and maintenance of independent frameworks for services.</b></p>	<ul style="list-style-type: none"> <li>• By 2017, all communities and organizations that offer the enhanced prevention-focused approach will have operational action plans.</li> <li>• 100% of the communities and organizations that request support from the FNQLHSSC will receive the required assistance, in accordance with FNQLHSSC services.</li> <li>• Terms of reference specifically concerning permanent placements of First Nations children will be achieved by 2017.</li> <li>• 20 communities will adhere to the childcare services agreement between the FNQLHSSC and the ministère de la Famille.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of communities and organizations with action plans.</li> <li>• Percentage of communities and organizations that presented requests for support to which the FNQLHSSC responded.</li> <li>• Percentage of communities and organizations that presented requests for support and that received the required support.</li> <li>• Completion of the terms of reference for permanent placements.</li> <li>• Number of adhering communities.</li> </ul>
<p><b>3. Promote and support the development, implementation and maintenance of a continuum of services for all clientele.</b></p>	<ul style="list-style-type: none"> <li>• By 2017, models for a continuum of services will be presented and validated by the communities and organizations.</li> <li>• 100% of the communities and organizations that request support from the FNQLHSSC will receive the required assistance.</li> <li>• Human resources will receive support from the FNQLHSSC to implement the proposed continuum of services models.</li> <li>• By 2015, a reference guide to accompany the implementation of a services continuum model based on the I-CLSC system will be produced.</li> <li>• By 2017, all the communities and organizations will be informed of the services continuum models.</li> <li>• Joint activities will be carried out with First Nations regional associations and other partners.</li> <li>• A pilot project for improving homecare quality will be carried out.</li> </ul>	<ul style="list-style-type: none"> <li>• Development, presentation and validation of models.</li> <li>• Percentage of communities and organizations requesting support that receive the required assistance.</li> <li>• Number of communities and organizations that have received multi-sectoral support to implement a continuum of services.</li> <li>• Reference guide produced to accompany the implementation of a services continuum model based on the I-CLSC system.</li> <li>• Number of communities and organizations receiving a presentation on the reference guide.</li> <li>• Number of joint activities with another First Nations organization.</li> <li>• Pilot project carried out for improving homecare quality.</li> </ul>
<p><b>4. Promote access of people with specific needs to the appropriate resources in order to obtain the required care and services.</b></p>	<ul style="list-style-type: none"> <li>• The majority of communities and organizations will be able to offer appropriate resources to clients with specific needs (children, elders, people with reduced mobility, etc.).</li> <li>• Diagnoses of people with special needs will be carried by ten communities and by organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of communities and organizations that offer adapted services to clients.</li> <li>• Number of services that are adapted and accessible according to the target clientele.</li> <li>• Number of communities and organizations where diagnoses have been done.</li> </ul>
<p><b>5. Establish and maintain mechanisms for resolving jurisdictional conflicts.</b></p>	<ul style="list-style-type: none"> <li>• Cases where First Nations members do not have access to services will be documented.</li> <li>• At least one sectoral agreement will be made with one or two government levels to overcome gaps in access to government services.</li> <li>• Representations will be made to governments to promote the application of Jordan's principle.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of problem cases documented concerning access to services.</li> <li>• Number of agreements made.</li> <li>• Number of modifications made to government policies (federal and provincial).</li> <li>• Number of meetings with government partners about jurisdictional issues.</li> </ul>

ORIENTATION

**1** IMPROVE SERVICE ACCESSIBILITY.

**1.2** INTERVENTION FOCUS AREA PROMOTION OF TRADITIONAL VALUES AND PRACTICES.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<b>1. Promote initiatives by communities and organizations dealing with traditional values and practices.</b>	<ul style="list-style-type: none"> <li>Traditional values and practices will be promoted.</li> </ul>	<ul style="list-style-type: none"> <li>Number of activities with a component on traditional values and practices.</li> </ul>
<b>2. Support the reinforcement of parenting skills through the integration of specific First Nations knowledge and practices.</b>	<ul style="list-style-type: none"> <li>22 communities and organizations will offer support activities to reinforce parenting skills.</li> </ul>	<ul style="list-style-type: none"> <li>Number of communities and organizations that offer at least one support activity to reinforce parenting skills.</li> <li>Number of support activities to reinforce parenting skills, based specifically on First Nations knowledge and practices.</li> </ul>

ORIENTATION

**2** PROMOTE A GLOBAL APPROACH TO HEALTH.

**2.1** INTERVENTION FOCUS AREA PROMOTION OF HEALTHY LIFESTYLES AND ILLNESS PREVENTION FROM A HOLISTIC PERSPECTIVE.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<b>1. Support the implementation of effective strategies.</b>	<ul style="list-style-type: none"> <li>Means will be made available to communities and organizations to support promotion and prevention.</li> <li>The FNQLHSSC will provide support to 100% of the communities and organizations that so request.</li> <li>20 communities and organizations will have initiatives in place to equip interveners concerning promotion of healthy lifestyles.</li> </ul>	<ul style="list-style-type: none"> <li>Number of tools and quantity of information sent by the FNQLHSSC.</li> <li>Number of communities and organizations that have received promotion and prevention tools.</li> <li>Number of funded projects.</li> <li>Percentage of communities and organizations receiving support upon requesting it.</li> <li>Number of communities and organizations that have implemented initiatives to equip interveners.</li> </ul>
<b>2. Define strategic directions for public health.</b>	<ul style="list-style-type: none"> <li>By 2015, partners, communities and organizations will have a terms of reference in the area of public health.</li> <li>By 2017, 70% of the communities and organizations will be using the terms of reference.</li> </ul>	<ul style="list-style-type: none"> <li>Terms of reference.</li> <li>Percentage of communities and organizations that use the terms of reference.</li> </ul>
<b>3. Promote initiatives in public health.</b>	<ul style="list-style-type: none"> <li>100% of the communities and organizations will have access to promotion tools concerning prevention, community hygiene and immunization, in particular with regard to pandemic risks and STBBIs.</li> </ul>	<ul style="list-style-type: none"> <li>Number of tools created.</li> <li>Percentage of communities and organizations that have received tools.</li> </ul>

2

PROMOTE A GLOBAL APPROACH TO HEALTH.

2.2 INTERVENTION FOCUS AREA SUPPORT OF CLINICAL INTERVENTIONS AND PRACTICES.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
1. Support clinical interventions and practices.	<ul style="list-style-type: none"> <li>100% of the requests for support by interveners and professionals will be responded to.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of requests responded to.</li> </ul>
2. Support interveners and professionals through the creation of adapted tools.	<ul style="list-style-type: none"> <li>Tools will be created for nurses.</li> <li>Social workers will have tools to guide them in their response to social crises.</li> </ul>	<ul style="list-style-type: none"> <li>Document to guide nurses in their work.</li> <li>Number of intervention and postvention protocols.</li> <li>Number of trainings.</li> </ul>

2.3 INTERVENTION FOCUS AREA REINFORCEMENT OF SERVICES FOR CHILDREN.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
1. Support global development of children.	<ul style="list-style-type: none"> <li>75% of the communities and organizations will be made aware of the importance of children's global development (0-6 year-olds).</li> <li>100% of the communities and organizations will be supported in implementing tools and programs intended for children.</li> <li>75% of the communities and organizations will benefit from activities on children's global development.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of communities and organizations whose leaders have taken part in an awareness activity.</li> <li>Number of tools and programs proposed and implemented.</li> <li>Percentage of communities and organizations accompanied.</li> <li>Percentage of communities and organizations that participate in the proposed activities.</li> </ul>
2. Promote the implementation of mechanisms for joint action by services intended for children.	<ul style="list-style-type: none"> <li>At least 15 communities and organizations will have mechanisms for joint action in place.</li> <li>The FNQLHSSC will respond to 70% of requests from communities and organizations.</li> </ul>	<ul style="list-style-type: none"> <li>Number of communities and organizations that agree to take part in workshops and support activities for joint work.</li> <li>Number of communities and organizations that create a committee or working group.</li> <li>Percentage of support requests to which the FNQLHSSC responds.</li> <li>Percentage of communities and organizations that receive support.</li> </ul>
3. Promote the quality of services offered to children.	<ul style="list-style-type: none"> <li>50% of early childhood services will be involved in a services quality improvement process.</li> <li>The FNQLHSSC will respond to 100% of requests for support in improving the quality of early childhood services.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of services involved in a services quality improvement process.</li> <li>Percentage of institutions that request and receive support for improving the quality of their services.</li> </ul>

3.1 INTERVENTION FOCUS AREA UPGRADING OF INFRASTRUCTURES AND EQUIPMENT.

OBJECTIVES

EXPECTED OUTCOMES

INDICATORS

**1. Promote access to appropriate infrastructures in the communities and organizations.**

- 100% of the communities and organizations that request support will be responded to.
- Support from the FNQLHSSC will increase.

- Percentage of communities and organizations that make requests and receive a response from the FNQLHSSC.
- Number of support activities per year.

**2. Promote access to appropriate equipment in the communities and organizations.**

- 100% of the communities and organizations that request support will be responded to.
- Support from the FNQLHSSC will increase.
- 100% of requests by the communities and organizations to have their data hosted on FNQLHSSC servers will be analyzed.

- Percentage of communities and organizations that receive a response from the FNQLHSSC.
- Number of support activities per year.
- Percentage of hosting requests that are analyzed.
- Percentage of requests supported.

**3. Support the integration of new information technologies.**

- At least 60% of the communities and organizations will participate in infostructure implementation.
- 100% of the communities and organizations will receive support from the IT services centre of the FNQLHSSC.
- New systems for local management of information and information sharing by communities and/or organizations will be implemented.

- Percentage of communities and organizations that participate in infostructure implementation.
- Percentage of received requests that have been responded to.
- Number of new systems implemented.

**4. Support the integration of information management systems.**

- The First Nations Regional Infostructure Action Plan will be updated.
- The common action plan with partners will be completed.
- An infostructure promoting First Nations governance in information management and access at the local and regional levels will be operational.
- Tools (policies, procedures, etc.) will be created.
- 60% of communities and organizations will have a governance structure in place to support the implementation of an information system.

- Updated regional action plan.
- Common action plan.
- Number of information management systems specifically for First Nations and available for use.
- Number of tools created.
- Percentage of communities and organizations that have created a governance structure in order to implement a health and social services information management system.
- Number of communities and organizations that have implemented a health and social services information management system.

**4** PROMOTE SOCIAL DEVELOPMENT.

**4.1** INTERVENTION FOCUS AREA SUPPORT FOR THE COMBAT AGAINST POVERTY AND SOCIAL EXCLUSION.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<p><b>1. Prioritize the development of local strategies to combat poverty and social exclusion.</b></p>	<ul style="list-style-type: none"> <li>• 70% of communities and organizations will have implemented, with the support of the FNQLHSSC, a collaborative mechanism for developing local strategies to combat poverty and social exclusion.</li> <li>• By 2017, a portrait of the socio-economic situation of the communities and organizations for purposes of orienting strategies will be carried out.</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of communities and organizations with collaborative mechanisms.</li> <li>• Percentage of communities and organizations with a collaborative mechanism, with FNQLHSSC support.</li> <li>• Number of training &amp; awareness activities and interventions.</li> <li>• Portrait of the needs and socio-economic situation of the communities and organizations.</li> </ul>
<p><b>2. Build awareness among non-Aboriginal people about First Nations realities.</b></p>	<ul style="list-style-type: none"> <li>• Tools for building public awareness will be created.</li> <li>• Training will be offered.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of tools produced and activities carried out.</li> <li>• Number of trainings offered.</li> </ul>
<p><b>3. Promote the implementation of economic levers.</b></p>	<ul style="list-style-type: none"> <li>• Financial partnerships will be established with government entities.</li> <li>• Partnerships will be established with social economy enterprises in the communities and with organizations.</li> <li>• Support will be offered for developing coordination strategies between partners at the local, regional and other levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of financial partnerships established.</li> <li>• Number of partnerships established at the local level.</li> <li>• Number of support proposals by the FNQLHSSC leading to coordination projects being carried out or underway at the local and regional levels.</li> <li>• Number of partnerships at the local and regional levels.</li> </ul>

**5** PROMOTE THE DEVELOPMENT AND INTEGRATION OF COMPLEMENTARY SERVICES IN INCOME ASSISTANCE.

**5.1** INTERVENTION FOCUS AREA SUPPORT FOR SOCIAL INTEGRATION.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<b>1. Extend the services offered in income assistance.</b>	<ul style="list-style-type: none"> <li>100% of the communities and organizations not targeted by the income assistance reform will receive an offer from the FNQLHSSC to support their upgrading.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of communities and organizations that received an offer.</li> <li>Percentage of communities and organizations that requested support from the FNQLHSSC.</li> </ul>
<b>2. Foster the integration of pre-employability measures.</b>	<ul style="list-style-type: none"> <li>12 communities and organizations will have pre-employability measures in place as part of their range of services.</li> </ul>	<ul style="list-style-type: none"> <li>Number of communities and organizations that have added pre-employability measures.</li> </ul>

**5.2** INTERVENTION FOCUS AREA APPLICATION OF THE INCOME ASSISTANCE POLICY FRAMEWORK.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<b>1. Support communities and organizations in the decision-making process.</b>	<ul style="list-style-type: none"> <li>Tools will be created and activities held to simplify access to information.</li> <li>By 2017, a biopsychosocial assessment committee will be in place to respond to requests for support from communities and organizations concerning questions about eligibility to the income assistance categories.</li> </ul>	<ul style="list-style-type: none"> <li>Number of tools produced.</li> <li>Number of activities held (training, information).</li> <li>Number of support interventions offered to communities and organizations by the committee.</li> </ul>
<b>2. Support the development of specific local measures.</b>	<ul style="list-style-type: none"> <li>Information about local initiatives of communities and organizations will be available to other communities and organizations.</li> <li>Agreements will be established concerning the sharing of information.</li> </ul>	<ul style="list-style-type: none"> <li>Number of activities held to gather and distribute information about local measures.</li> <li>Number of agreements established.</li> </ul>

**6** IMPLEMENT LEVERS PROMOTING FIRST NATIONS' AUTONOMY.

**6.1** INTERVENTION FOCUS AREA GOVERNANCE MODEL AND STRUCTURE.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<b>1. Promote the creation of local and regional governance structures.</b>	<ul style="list-style-type: none"> <li>Governance models in health and social services will be proposed and validated by the Chiefs.</li> </ul>	<ul style="list-style-type: none"> <li>Number of reports produced.</li> <li>Number of presentations made to chiefs' assemblies.</li> </ul>
<b>2. Support the development of recurring funding mechanisms based on First Nations' needs.</b>	<ul style="list-style-type: none"> <li>Flexible agreements will be in place.</li> <li>Additional funding will be available, particularly for upgrading infrastructures and equipment in the communities and organizations.</li> <li>Partners will adhere to the principle of core funding for research and evaluation and/or will agree to lend resources on a regular basis.</li> </ul>	<ul style="list-style-type: none"> <li>Modified agreements.</li> <li>Additional funding.</li> <li>Number of partners that adhere to the principle of core funding for research and evaluation and/or agree to lend resources on a regular basis.</li> </ul>
<b>3. Promote and propose strategies for multi-sectoral action.</b>	<ul style="list-style-type: none"> <li>The majority of communities and organizations will have developed a multi-sectoral action strategy.</li> <li>Various tools and activities will be developed.</li> </ul>	<ul style="list-style-type: none"> <li>Number of internal multi-sectoral meetings.</li> <li>Number of communities and organizations with several known strategies for multi-sectoral actions.</li> <li>Number of activities and tools developed to support communities and organizations in establishing an action plan.</li> </ul>
<b>4. Follow the progress made in achieving the objectives in the 2007-2017 blueprint.</b>	<ul style="list-style-type: none"> <li>A performance dashboard will be in place to periodically measure gaps in certain indicators.</li> <li>The Sentinel Committee will be fully operational.</li> </ul>	<ul style="list-style-type: none"> <li>Dashboard created.</li> <li>Number of meetings of the Sentinel Committee.</li> <li>Number of communications activities and reports produced by the Sentinel Committee.</li> </ul>

**6.2** INTERVENTION FOCUS AREA DEVELOPMENT OF HUMAN CAPITAL IN THE DIFFERENT AREAS OF ACTIVITY.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<b>1. Promote increased First Nations participation in continuing education and training programs at the post-secondary level.</b>	<ul style="list-style-type: none"> <li>A greater number of First Nations will have access to specific, accredited and culturally-adapted post-secondary programs.</li> <li>A wider range of specific, accredited and culturally-adapted programs will be offered.</li> <li>More than 70% of communities and organizations will receive support in developing skills of workers, through training programs dedicated to the different services.</li> <li>More than 70% of communities and organizations will be supported concerning their capacity building.</li> <li>Partnerships and agreements will be established with various organizations or institutions.</li> </ul>	<ul style="list-style-type: none"> <li>Number of persons or students who receive training each year.</li> <li>Number of trainings offered each year to the communities and organizations.</li> <li>Percentage of communities and organizations that respond to offers of specific training.</li> <li>Percentage of communities and organizations in which training has been given.</li> <li>Percentage of communities and organizations supported after having requested support and/or training.</li> <li>Number of partnerships established.</li> </ul>
<b>2. Develop and promote human resources recruitment and retention strategies.</b>	<ul style="list-style-type: none"> <li>Strategies will be developed and distributed in 100% of communities and organizations.</li> <li>Workers and managers in the communities and organizations will have access to various trainings.</li> <li>Workers will have access to ongoing trainings.</li> <li>People and partners working with First Nations will learn about First Nations' realities.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of communities and organizations that have participated in distribution.</li> <li>Number of trainings offered to workers and managers in the communities and organizations.</li> <li>Ongoing training plan.</li> <li>Number of workers who have received ongoing training.</li> <li>Number of people and partners who have learned about First Nations' realities.</li> </ul>

**6** IMPLEMENT LEVERS PROMOTING FIRST NATIONS' AUTONOMY.

**6.3** INTERVENTION FOCUS AREA IMPLEMENTATION OF A GOVERNANCE STRUCTURE FOR INFORMATION MANAGEMENT AND ACCESS.

OBJECTIVES	EXPECTED OUTCOMES	INDICATORS
<p><b>1. Develop and propose tools for decision-making and operational planning.</b></p>	<ul style="list-style-type: none"> <li>• The communities and organizations will have specific tools in this regard.</li> <li>• The communities and organizations will be better able to manage and protect personal and confidential information.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of management procedures, policies and tools developed for the communities and organizations.</li> <li>• Number of information sessions offered.</li> <li>• Number of communities and organizations that have modified their policies or procedures, or have adapted new ones, concerning protection of personal information.</li> </ul>
<p><b>2. Support the communities and organizations in the preparation of the future First Nations Health and Social Services Blueprint for 2017-2027.</b></p>	<ul style="list-style-type: none"> <li>• By 2017, a new Blueprint will be adopted and distributed.</li> </ul>	<ul style="list-style-type: none"> <li>• Adoption of a new Blueprint by the AFNQL Chiefs via a resolution.</li> <li>• Number of communities and organizations that have received the Blueprint.</li> </ul>
<p><b>3. Promote access to governmental data and information concerning First Nations.</b></p>	<ul style="list-style-type: none"> <li>• Agreements concerning access to information and data will be established with governments.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of agreements established with government partners.</li> </ul>
<p><b>4. Carry out, distribute and promote activities in production of knowledge, including related distribution and promotion activities.</b></p>	<ul style="list-style-type: none"> <li>• The information and knowledge management plan will be implemented.</li> <li>• 50% of the objectives in the information and knowledge management plan will be accomplished.</li> <li>• 100% of productions will be accompanied by a distribution strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of activities in the plan that have been implemented.</li> <li>• Percentage of the plan's objectives that have been achieved.</li> <li>• Percentage of productions accompanied by a distribution strategy.</li> </ul>

**7 ADAPTING THE FNQLHSSC TO ITS ENVIRONMENT.**

**7.1 INTERVENTION FOCUS AREA IMPROVEMENT OF THE FNQLHSSC INTERNAL MANAGEMENT FRAMEWORK.**

**OBJECTIVES**

**1. Acquire effective administrative policies and processes.**

**EXPECTED OUTCOMES**

- Governance of the Board of Directors (BOD) of the FNQLHSSC will be reinforced.
- Internal policies and procedures will be developed, consolidated and updated.
- The planning process will be reinforced through the inclusion of results-based management, risk assessment and quality assurance.

**INDICATORS**

- Work plan for the BOD produced.
- Number of procedures and policies implemented.
- Number of tools revised and updated.
- Inclusion of planning and evaluation tools.

**2. Offer a positive environment and framework allowing the personal and professional growth of employees.**

- Employees will adhere to the values and mission of the organization.
- All employees will have cultural awareness.
- A human resources development plan will be implemented.
- The FNQLHSSC code of ethics will be developed and implemented.

- Survey or questionnaire.
- Number of employees who took part in a cultural awareness (knowledge) activity.
- Number of employees who took part in various trainings, placements or professional development activities.
- Number of trainings offered to employees.
- Internal training plan.
- Procedure for allowing employee adherence to the code of ethics.

**7.2 INTERVENTION FOCUS AREA ESTABLISHMENT AND REINFORCEMENT OF FNQLHSSC PARTNERSHIPS.**

**OBJECTIVES**

**1. Establish and consolidate partnerships with organizations and institutions.**

**EXPECTED OUTCOMES**

- Established and renewed relations with partners.
- Integrated approach with the First Nations Regional Commissions and Organizations (RCO) will be intensified.
- FNQLHSSC initiatives to further consolidate relations with partners and organizations will be intensified.
- The FNQLHSSC accompaniment framework will be implemented.

**INDICATORS**

- Number of new agreements or new protocols.
- Number of projects or actions run jointly with the COR.
- Number of actions taken by the FNQLHSSC to improve relations.
- Number of annual meetings.
- Number of annual initiatives for which the FNQLHSSC is consulted prior to implementation.
- Number of tools developed.
- Number of specific accompaniments of clients.

**2. Improve communication.**

- The FNQLHSSC services offer will be developed and approved.
- The FNQLHSSC services offer will be known internally and distributed externally.
- Knowledge about the FNQLHSSC services offer in the communities and organizations will be evaluated.
- Media presence will be increased.
- The FNQLHSSC will increase the number of information and awareness activities targeting non-Aboriginal people and organizations regarding the issues it works to defend.

- Approved services offer.
- Number of information activities.
- Number of distribution activities.
- Number of visits to communities and organizations.
- Number of communities and organizations that request services related to what the FNQLHSSC offers.
- Website traffic.
- Popularity of the Facebook page.
- Number of publications in traditional media.
- Number of awareness campaigns targeting the population of the First Nations.
- External communication plan.
- Number of activities held to present the reality of First Nations to various non-Aboriginal organizations.
- Number of meetings with partners.